

Form **5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),  
6057(b), and 6058(a) of the Internal Revenue Code (the Code).▶ Complete all entries in accordance with  
the instructions to the Form 5500.

Official Use Only

OMB Nos. 1510-0110  
1510-0089**2006**This Form is Open to  
Public Inspection.**Part I Annual Report Identification Information**

For the calendar plan year 2006 or fiscal plan year beginning 09/01/2006 and ending 08/31/2007

- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☐ a single-employer plan (other than a (4) ☐ a DFE (specify) \_\_\_\_\_  
multiple-employer plan);
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☐

**Part II Basic Plan Information - enter all requested information.**

<b>1a</b> Name of plan DISTRICT 6 HEALTH PLAN 730 BROADWAY NEW YORK, NY 10003	<b>1b</b> Three-digit plan number (PN) ▶ 501
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES DISTRICT 6 HEALTH PLAN ALICARE 730 BROADWAY NEW YORK NY 10003	<b>1c</b> Effective date of plan (mo., day, yr.) 09/05/1973 <b>2b</b> Employer Identification Number (EIN) 13-3449870 <b>2c</b> Sponsor's telephone number 212-696-5545 <b>2d</b> Business code (see instructions) 623000

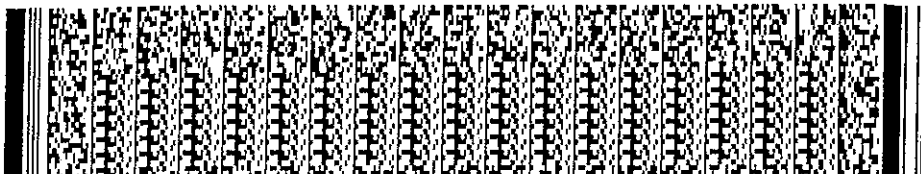
**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

<b>SIGN HERE</b> X <u>Larry Magant</u> Signature of plan administrator	<u>2/8/07</u> Date	INDEPENDENT FIDUCIARY Type or print name of individual signing as plan administrator
<b>SIGN HERE</b> X <u>Larry Magant</u> Signature of employer/plan sponsor/DFE	<u>2/8/07</u> Date	BOARD OF TRUSTEES Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v9.1

Form **5500** (2006)

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Form 5500 (2006)

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**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
 SAME

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:  
**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address  
 ARMAO, COSTA & RICCIARDI, CPAS, P.C

**b** EIN

11-3264776

**c** Telephone number

76 S. CENTRAL AVE. SUITE 1D

VALLEY STREAM

NY 11580

516-256-3200

<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	3,250
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
<b>a</b> Active participants	<b>7a</b>	304
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b>	304
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b>	
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	

**8** Benefits provided under the plan (complete **8a** and **8b**, as applicable)

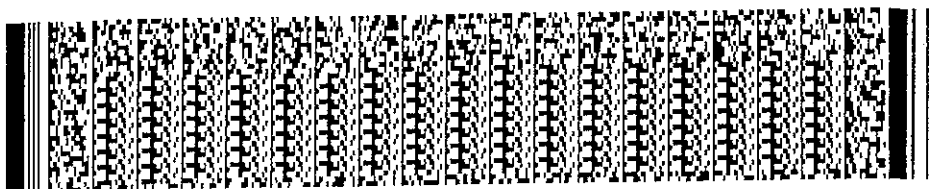
- a** ☐ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- b** ☒ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): ☒ 4A ☒ 4D ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance  
 (2) ☐ Code section 412(i) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance  
 (2) ☐ Code section 412(i) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor



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Form 5500 (2006)

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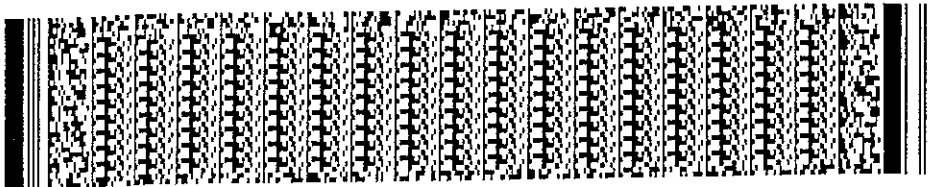
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**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- |     |                          |   |
|-----|--------------------------|---|
| (1) | <input type="checkbox"/> | <b>R</b> (Retirement Plan Information)                |
| (2) | <input type="checkbox"/> | <b>B</b> (Actuarial Information)                      |
| (3) | <input type="checkbox"/> | <b>E</b> (ESOP Annual Information)                    |
| (4) | <input type="checkbox"/> | <b>SSA</b> (Separated Vested Participant Information) |

**b Financial Schedules**

- |     |  |  |
|-----|--|--|
| (1) | <input checked="" type="checkbox"/>          | <b>H</b> (Financial Information)               |
| (2) | <input type="checkbox"/>                     | <b>I</b> (Financial Information -- Small Plan) |
| (3) | <input checked="" type="checkbox"/> <u>2</u> | <b>A</b> (Insurance Information)               |
| (4) | <input checked="" type="checkbox"/>          | <b>C</b> (Service Provider Information)        |
| (5) | <input type="checkbox"/>                     | <b>D</b> (DFE/Participating Plan Information)  |
| (6) | <input type="checkbox"/>                     | <b>G</b> (Financial Transaction Schedules)     |



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**SCHEDULE A  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2006****This Form is Open to  
Public Inspection.**For calendar plan year 2006 or fiscal plan year beginning **09/01/2006** and ending **08/31/2007****A** Name of plan**DISTRICT 6 HEALTH PLAN****B** Three-digit  
plan number ►**501****C** Plan sponsor's name as shown on line 2a of Form 5500**BOARD OF TRUSTEES****D** Employer Identification Number  
**13-3449870****Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

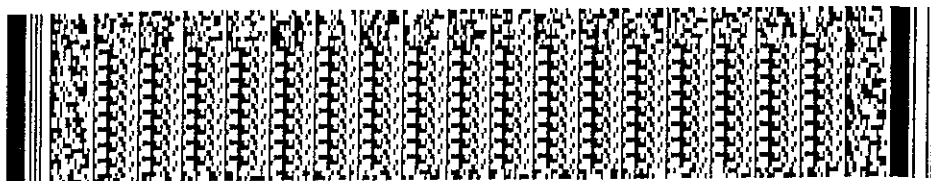
**ATLANTIS HEALTH PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-3624770	52624	G01623	50	09/01/2006	08/31/2007

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**Totals**

Total amount of commissions paid	Total fees paid / amount
9,081	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule A (Form 5500) 2006



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Schedule A (Form 5500) 2006

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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

FOREST HILLS GROUP SERVICES  
 95-25 QUEENS BLVD, 10TH FLOOR  
 REGO PARK NY 11374

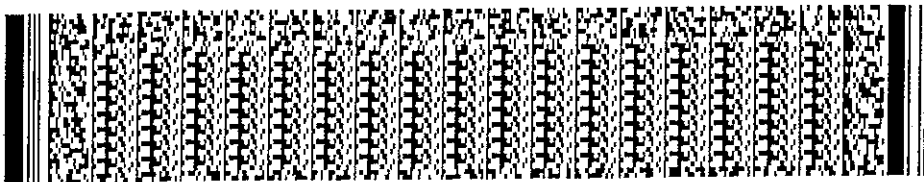
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
9,081			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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Schedule A (Form 5500) 2006

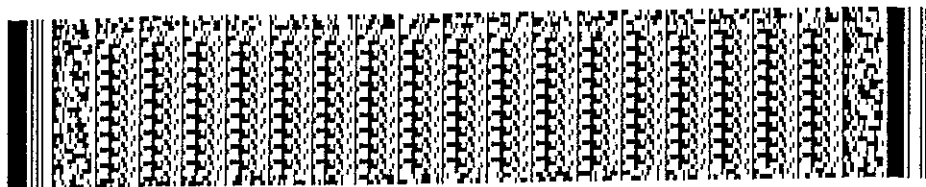
Page 3

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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	
<b>d</b>	Total of balance and additions (add b and c(6)) .....	
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	(5) Total deductions .....	
<b>f</b>	Balance at the end of the current year (subtract e(5) from d) .....	



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Schedule A (Form 5500) 2006

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**Part III****Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)**a** ☒ Health (other than dental or vision)**b** ☐ Dental**c** ☒ Vision**d** ☐ Life Insurance**e** ☐ Temporary disability (accident and sickness)**f** ☐ Long-term disability**g** ☐ Supplemental unemployment**h** ☒ Prescription drug**i** ☐ Stop loss (large deductible)**j** ☐ HMO contract**k** ☐ PPO contract**l** ☐ Indemnity contract**m** Other (specify) ▶**8** Experience-rated contracts**a** Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) + (3))

**b** Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

**c** Remainder of premium: (1) Retention charges (on an accrual basis) -

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)**d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

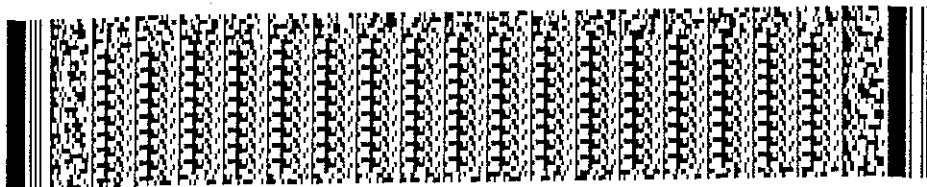
(2) Claim reserves

(3) Other reserves

**e** Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)**9** Nonexperience-rated contracts:**a** Total premiums or subscription charges paid to carrier**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶

227,024



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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2006**

This Form is Open to  
Public Inspection.

For calendar plan year 2006 or fiscal plan year beginning **09/01/2006** and ending **08/31/2007**

**A** Name of plan**DISTRICT 6 HEALTH PLAN****B** Three-digit  
plan number**501****C** Plan sponsor's name as shown on line 2a of Form 5500**BOARD OF TRUSTEES****D** Employer Identification Number**13-3449870****Part I****Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be  
reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

**ATLANTIS HEALTH PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-3624770	52624	G1623L	0	09/01/06	08/31/07

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,  
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

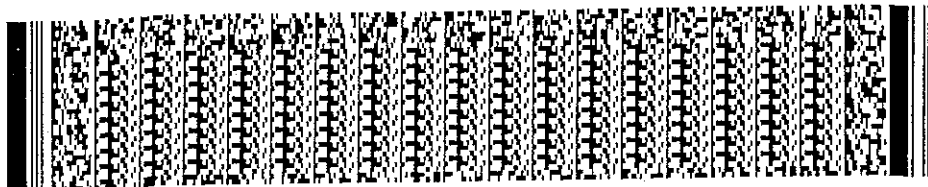
**Totals**

Total amount of commissions paid

Total fees paid / amount

**1,065****0**

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule A (Form 5500) 2006



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Schedule A (Form 5500) 2006

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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

FOREST HILLS GROUP SERVICES  
 95-25 QUEENS BLVD, 10TH FLOOR  
 REGO PARK NY 11374

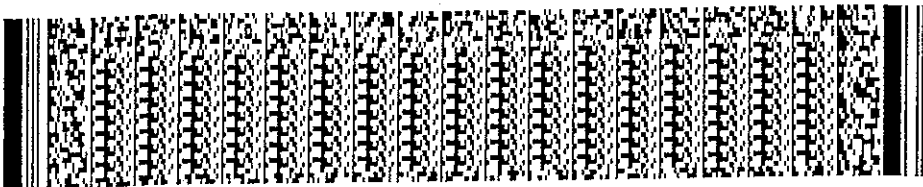
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,065			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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Schedule A (Form 5500) 2006

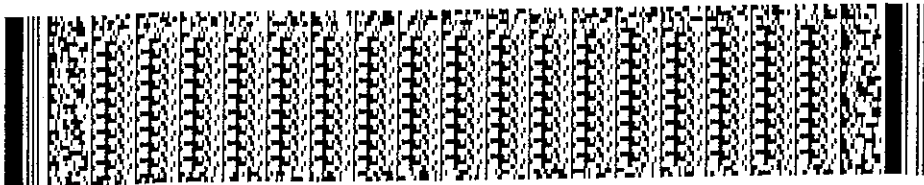
Page 3

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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) Contributions deposited during the year .....	
	(2) Dividends and credits .....	
	(3) Interest credited during the year .....	
	(4) Transferred from separate account .....	
	(5) Other (specify below) .....	
	(6) Total additions .....	
<b>d</b>	Total of balance and additions (add b and c (6)) .....	
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	
	(2) Administration charge made by carrier .....	
	(3) Transferred to separate account .....	
	(4) Other (specify below) .....	
	(5) Total deductions .....	
<b>f</b>	Balance at the end of the current year (subtract e(5) from d) .....	



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Schedule A (Form 5500) 2006

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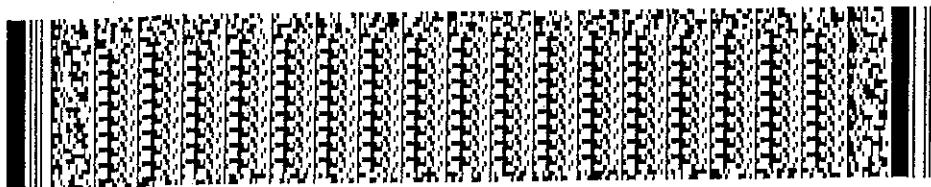
**Part III****Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

<b>7</b> Benefit and contract type (check all applicable boxes)			
<b>a</b> <input checked="" type="checkbox"/> Health (other than dental or vision)	<b>b</b> <input type="checkbox"/> Dental	<b>c</b> <input checked="" type="checkbox"/> Vision	<b>d</b> <input type="checkbox"/> Life Insurance
<b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness)	<b>f</b> <input type="checkbox"/> Long-term disability	<b>g</b> <input type="checkbox"/> Supplemental unemployment	<b>h</b> <input checked="" type="checkbox"/> Prescription drug
<b>i</b> <input type="checkbox"/> Stop loss (large deductible)	<b>j</b> <input type="checkbox"/> HMO contract	<b>k</b> <input type="checkbox"/> PPO contract	<b>l</b> <input type="checkbox"/> Indemnity contract
<b>m</b> <input type="checkbox"/> Other (specify) _____			

<b>8</b> Experience-rated contracts		
<b>a</b> Premiums: (1) Amount received		
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		
<b>b</b> Benefit charges: (1) Claims paid		
(2) Increase (decrease) in claim reserves		
(3) Incurred claims (add (1) and (2))		
(4) Claims charged		
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) -		
(A) Commissions		
(B) Administrative service or other fees		
(C) Other specific acquisition costs		
(D) Other expenses		
(E) Taxes		
(F) Charges for risks or other contingencies		
(G) Other retention charges		
(H) Total retention		
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		
<b>9</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier		26,623
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount		
Specify nature of costs _____		



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**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2006**This Form is Open to  
Public Inspection.For calendar plan year 2006 or fiscal plan year beginning **09/01/2006** and ending **08/31/2007**

<b>A</b> Name of plan <b>DISTRICT 6 HEALTH PLAN</b>	<b>B</b> Three-digit plan number ► <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES</b>	<b>D</b> Employer Identification Number <b>13-3449870</b>

**Part I Service Provider Information (see instructions)**

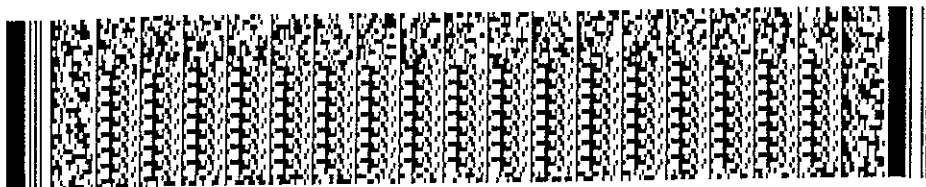
**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** **1,561**

**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
<b>ALICARE</b>	<b>13-3432221</b>	<b>Contract Administrator</b>				
<b>THIRD PARTY ADMINISTRATOR</b>					<b>43,669</b>	<b>12</b>

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
<b>BARNES, IACCARINO, VIRGINIA</b>	<b>43-1995226</b>	<b>ATTORNEYS</b>				
<b>ATTORNEYS</b>	<b>0</b>				<b>88,604</b>	<b>22</b>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule C (Form 5500) 2006



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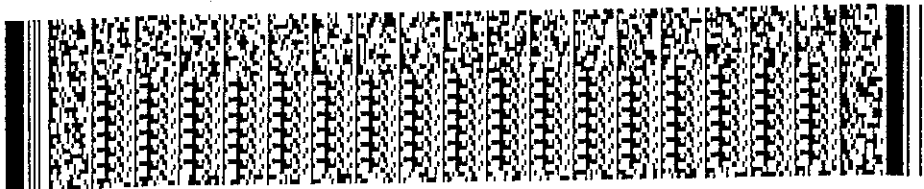


Schedule C (Form 5500) 2006

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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
KENNEDY, JENNIK & MURRAY PC	25-1919594	INDEPENDENT FIDUCIARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
INDEPENDENT FIDUCIARY	0	87,236	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MARSHALL & MOSS, LLP	11-3360166	ACCOUNTANTS	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ACCOUNTANTS	0	68,858	10
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ARMAO, COSTA & RICCIARDI	11-3264776	AUDITORS	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
AUDITORS	0	43,804	10



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Schedule C (Form 5500) 2006

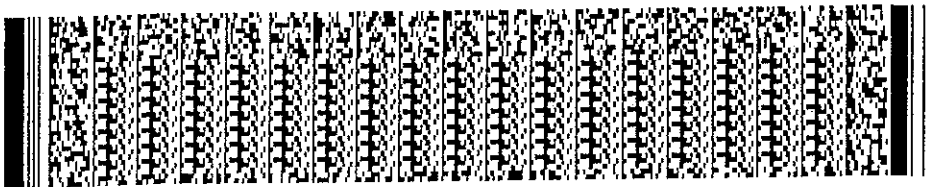
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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
B.A. JONES & CO., INC	22-2296005	ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ACTUARY	0	23,294	99

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STACEY BRAUN	13-2889432	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
INVESTMENT MANAGER	0	10,338	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



Schedule C (Form 5500) 2006

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**Part II** Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

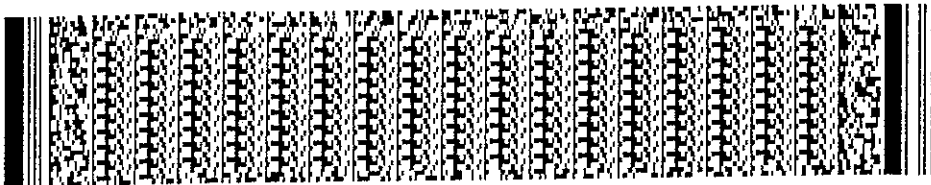
(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_



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**SCHEDULE H  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

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OMB No. 1210-0110

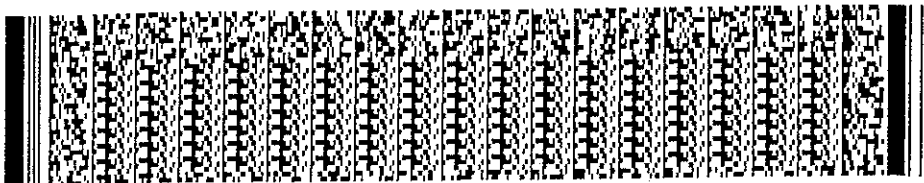
**2006**This Form is Open  
to Public Inspection.For calendar year 2006 or fiscal plan year beginning **09/01/2006** and ending **08/31/2007****A** Name of plan  
**DISTRICT 6 HEALTH PLAN****B** Three-digit  
plan number ► **501****C** Plan sponsor's name as shown on line 2a of Form 5500  
**BOARD OF TRUSTEES****D** Employer Identification Number  
**13-3449870****Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

**Assets**

	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>88,278</b>	<b>11,866</b>
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>94,479</b>	<b>39,980</b>
<b>(2)</b> Participant contributions .....		
<b>(3)</b> Other .....	<b>7,613</b>	<b>17,335</b>
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (incl. money market accounts & certificates of deposit) .....	<b>72,217</b>	<b>62,793</b>
<b>(2)</b> U.S. Government securities .....	<b>818,320</b>	<b>1,129,585</b>
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>c(3)(A)</b>	
<b>(B)</b> All other .....	<b>c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>c(4)(A)</b>	
<b>(B)</b> Common .....	<b>c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>c(7)</b>	
<b>(8)</b> Participant loans .....	<b>c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>163,166</b>	<b>153,464</b>
<b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts) .....	<b>c(14)</b>	
<b>(15)</b> Other .....	<b>c(15)</b>	

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Schedule H (Form 5500) 2006

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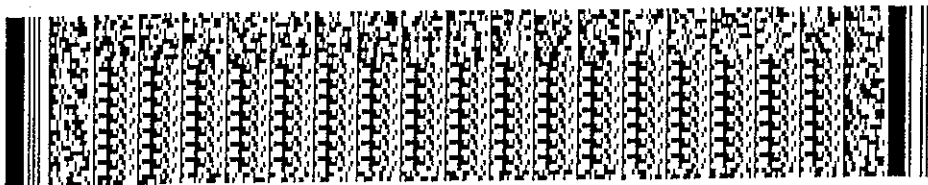
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		(a) Beginning of Year	(b) End of Year
<b>1 d</b>	<b>Employer-related investments:</b>		
	(1) Employer securities .....	d(1)	
	(2) Employer real property .....	d(2)	
<b>e</b>	Buildings and other property used in plan operation .....	e	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	f	1,244,073 1,415,023
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	g	172,870 27,973
<b>h</b>	Operating payables .....	h	13,933 76,789
<b>i</b>	Acquisition indebtedness .....	i	
<b>j</b>	Other liabilities .....	j	
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	k	186,803 104,762
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	l	1,057,270 1,310,261

**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a</b>	<b>Contributions:</b>		
	(1) Received or receivable in cash from: (A) Employers .....	a(1)(A)	655,595
	(B) Participants .....	a(1)(B)	
	(C) Others (including rollovers) .....	a(1)(C)	
	(2) Noncash contributions .....	a(2)	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	a(3)	655,595
<b>b</b>	<b>Earnings on investments:</b>		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	b(1)(A)	2,891
	(B) U.S. Government securities .....	b(1)(B)	34,112
	(C) Corporate debt instruments .....	b(1)(C)	
	(D) Loans (other than to participants) .....	b(1)(D)	
	(E) Participant loans .....	b(1)(E)	
	(F) Other .....	b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F) .....	b(1)(G)	37,003
	(2) Dividends: (A) Preferred stock .....	b(2)(A)	
	(B) Common stock .....	b(2)(B)	2,195
	(C) Total dividends. Add lines 2b(2)(A) and (B) .....	b(2)(C)	2,195
	(3) Rents .....	b(3)	
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	b(4)(A)	344,755
	(B) Aggregate carrying amount (see instructions) .....	b(4)(B)	340,568
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	b(4)(C)	4,187



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Schedule H (Form 5500) 2006

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	(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	b(5)(A)	
(B) Other .....	b(5)(B)	44,074
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	b(5)(C)	44,074
(6) Net investment gain (loss) from common/collective trusts .....	b(6)	
(7) Net investment gain (loss) from pooled separate accounts .....	b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	b(10)	
<b>c</b> Other income .....	c	107,920
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	d	850,974
<b>Expenses</b>		
<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	e(1)	
(2) To insurance carriers for the provision of benefits .....	e(2)	220,482
(3) Other .....	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	e(4)	220,482
<b>f</b> Corrective distributions (see instructions) .....	f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	g	
<b>h</b> Interest expense .....	h	
<b>i</b> Administrative expenses: (1) Professional fees .....	i(1)	314,085
(2) Contract administrator fees .....	i(2)	43,669
(3) Investment advisory and management fees .....	i(3)	10,670
(4) Other .....	i(4)	9,077
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	i(5)	377,501
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	j	597,983
<b>Net Income and Reconciliation</b>		
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	k	252,991
<b>l</b> Transfers of assets		
(1) To this plan .....	l(1)	
(2) From this plan .....	l(2)	

**Part III Accountant's Opinion**

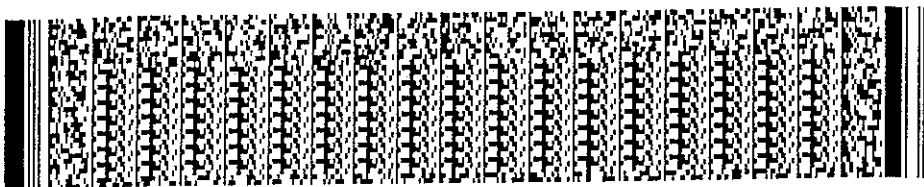
**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.  
Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):  
(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ..... ☐ Yes ☒ No

**c** Enter the name and EIN of the accountant (or accounting firm) 11-3264776  
ARMAO, COSTA & RICCIARDI CPAS, PC

**d** The opinion of an independent qualified public accountant is **not attached** because:  
(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



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Schedule H (Form 5500) 2006

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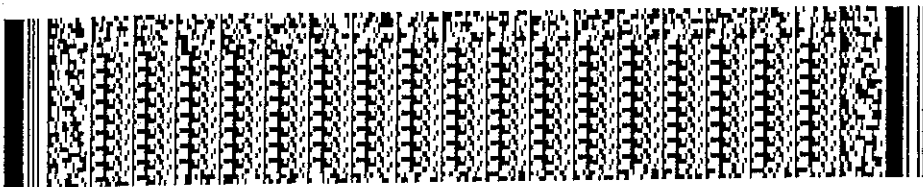
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**Part IV Transactions During Plan Year**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

- |   | Yes | No | Amount    |
|---|-----|----|-----------|
| <b>a</b> Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)  |     | X  |           |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) |     | X  |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)   |     | X  |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)  |     | X  |           |
| <b>e</b> Was this plan covered by a fidelity bond?  | X   |    | 1,000,000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |     | X  |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |           |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)   | X   |    |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)   |     | X  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |     | X  |           |
- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount \_\_\_\_\_
- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

**5b(1)** Name of plan(s)**5b(2)** EIN(s)**5b(3)** PN(s)

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## BOARD OF TRUSTEES DISTRICT 6 HEALTH PLAN

13-3449870

SCHEDULE H  
LINE 1B(3)OTHER RECEIVABLES  
DISTRICT 6 HEALTH PLANSTATEMENT 1  
PLAN NUMBER 501

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST	7,613.	11,441.
PREPAID EXPENSES	0.	5,894.
OTHER RECEIVABLES TO LINE 1B(3)	7,613.	17,335.

SCHEDULE H  
LINE 2I(4)OTHER ADMINISTRATIVE EXPENSES  
DISTRICT 6 HEALTH PLANSTATEMENT 2  
PLAN NUMBER 501

DESCRIPTION	AMOUNT
OFFICE EXPENSE	374.
INSURANCE	4,703.
COL LATE FILING FEE	4,000.
OTHER ADMINISTRATIVE EXPENSES TO SCHEDULE H, LINE 2I(4)	9,077.

DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
EIN 13-3449870  
PLAN NUMBER 501  
FORM 5500, SCHEDULE H, ITEM 4i  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
AUGUST 31, 2007

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	<b>Closed End Funds</b>			
	DIAMONDS TRUST SER 1	Equity portfolio 90shrs	\$ 10,456	\$ 12,006
	ISHARES RUSSELL 2000 INDEX FD	Equity portfolio 80shrs	6,149	6,299
	STANDARD & POORS MIDCAP 400	Equity portfolio 90shrs	13,449	14,135
	UTS SPDR TRUST SER 1	Equity portfolio 820shrs	108,779	121,024
			138,833	153,464
	<b>Government Securities</b>			
	US TREASURY NOTE	06/15/09 4.000%	\$ 9,745	\$ 9,963
	US TREASURY NOTE	04/15/10 4.000%	130,825	134,388
	US TREASURY NOTE	08/15/10 4.125%	14,469	14,980
	US TREASURY NOTE	10/15/10 4.250%	104,084	105,222
	US TREASURY NOTE	11/15/10 4.500%	34,677	35,331
	US TREASURY NOTE	01/15/11 4.250%	9,977	10,019
	US TREASURY NOTE	04/30/11 4.875%	4,989	5,111
	US TREASURY NOTE	07/31/11 4.875%	59,909	61,378
	US TREASURY NOTE	06/30/12 4.875%	25,016	25,660
	US TREASURY NOTE	08/15/12 4.375%	24,271	25,184
	US TREASURY NOTE	11/15/12 4.000%	14,819	14,816
	US TREASURY NOTE	05/15/14 4.750%	14,907	15,340
	US TREASURY NOTE	08/15/14 4.250%	34,122	34,729
	US TREASURY NOTE	05/15/15 4.125%	9,587	9,788
	US TREASURY NOTE	11/15/15 4.500%	63,541	65,066
	US TREASURY NOTE	02/15/16 4.500%	4,781	5,002
	US TREASURY NOTE	08/15/16 4.875%	5,040	5,125
	US TREASURY NOTE	02/15/09 4.500%	24,698	25,098
	US TREASURY NOTE	06/15/09 4.000%	43,808	44,835
	US TREASURY NOTE	03/15/10 4.000%	43,497	44,800
	US TREASURY NOTE	04/15/10 4.000%	24,201	24,887
	US TREASURY NOTE	08/15/10 4.125%	33,848	34,953
	US TREASURY NOTE	10/15/10 4.250%	89,082	90,190
			823,893	841,865
	Subtotal carried forward		\$ 962,726	\$ 995,329

DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
EIN 13-3449870  
PLAN NUMBER 501  
FORM 5500, SCHEDULE H, ITEM 4i  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
AUGUST 31, 2007

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Subtotal brought forward		\$ 962,726	\$ 995,329
	<b>Government Securities (Cont'd.)</b>			
	US TREASURY NOTE	12/15/10 4.375%	24,344	25,139
	US TREASURY NOTE	04/30/11 4.875%	49,765	51,110
	US TREASURY NOTE	07/31/11 4.875%	9,966	10,230
	US TREASURY NOTE	08/15/11 5.000%	24,995	25,738
	US TREASURY NOTE	02/15/12 4.875%	34,725	35,946
	US TREASURY NOTE	08/15/12 4.375%	33,985	35,257
	US TREASURY NOTE	02/15/14 4.000%	13,979	14,714
	US TREASURY NOTE	08/15/14 4.250%	28,458	29,768
	US TREASURY NOTE	08/15/15 4.250%	14,067	14,776
	US TREASURY NOTE	11/15/15 4.500%	39,087	40,041
	US TREASURY NOTE	02/15/16 4.500%	4,791	5,001
			278,162	287,720
			\$ 1,240,888	\$ 1,283,049

DISTRICT 6 HEALTH PLAN  
FINANCIAL STATEMENTS  
AUGUST 31, 2007 AND 2006



DISTRICT 6 HEALTH PLAN

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INDEPENDENT AUDITORS' REPORT

To The Board of Trustees  
District 6 Health Plan  
New York, New York

We have audited the accompanying statements of net assets available for benefits of District 6 Health Plan as of August 31, 2007, and the related statements of changes in net assets available for benefits, statement of plan's benefit obligation and statement of changes in plan's benefit obligations for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as discussed in the following paragraph, we conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

Adequate records have not been maintained and supporting data were not available for our audit in the August 31, 2006 financial statements. Therefore, we were not able to satisfy ourselves about the completeness of the net assets available for benefits by means of other auditing procedures.

Because of the matter discussed in the third paragraph, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the August 31, 2006 financial statements.

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial status of District 6 Health Plan as of August 31, 2007, and the changes in its financial status for the year then ended in conformity with accounting principles generally accepted in the United States of America.

*Armao, Costa & Ricciardi*

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DISTRICT 6 HEALTH PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AUGUST 31, 2007 AND 2006

ASSETS

	<u>2007</u>	<u>2006</u>
INVESTMENTS, AT FAIR MARKET VALUE:		
U.S. Government securities	\$ 1,129,585	\$ 818,320
Mutual funds	153,464	163,166
	<u>1,283,049</u>	<u>981,486</u>
RECEIVABLES:		
Employers' contributions	39,980	94,479
Accrued interest	11,441	7,614
	<u>51,421</u>	<u>102,093</u>
CASH AND CASH EQUIVALENTS	<u>74,659</u>	<u>160,495</u>
OTHER ASSETS:		
Prepaid expenses and other assets	5,894	0
Property and equipment, net	0	0
	<u>5,894</u>	<u>0</u>
Total Assets	<u>1,415,023</u>	<u>1,244,074</u>

LIABILITIES

ACCRUED EXPENSES	<u>76,789</u>	<u>13,933</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,338,234</u>	<u>\$ 1,230,141</u>

See accompanying notes to financial statements

DISTRICT 6 HEALTH PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED AUGUST 31, 2007 AND 2006

	<u>2007</u>	<u>2006</u>
ADDITIONS TO PLAN NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net appreciation (depreciation) in fair value of investments	\$ 48,260	\$ (3,084)
Interest	39,198	19,787
Other Income	107,920	105,332
Contributions:		
Participating employers	<u>655,595</u>	<u>1,254,916</u>
Total Additions to Net Assets	<u>850,973</u>	<u>1,376,951</u>
DEDUCTIONS FROM PLAN NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants - Medical	365,379	832,968
Administrative expenses	<u>377,501</u>	<u>236,531</u>
Total Deductions from Net Assets	<u>742,880</u>	<u>1,069,499</u>
NET INCREASE	108,093	307,452
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>1,230,141</u>	<u>922,689</u>
End of year	<u>\$ 1,338,234</u>	<u>\$ 1,230,141</u>

See accompanying notes to financial statements.

DISTRICT 6 HEALTH PLAN  
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS  
AUGUST 31, 2007 AND 2006

AMOUNTS CURRENTLY PAYABLE TO OR  
FOR PARTICIPANTS, BENEFICIARIES AND  
DEPENDENTS:

	<u>2007</u>	<u>2006</u>
Health claims payable	\$ 26,389	\$ 172,870
Total benefit obligations	<u>\$ 26,389</u>	<u>\$ 172,870</u>

See accompanying notes to financial statements.



DISTRICT 6 HEALTH PLAN  
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
FOR THE YEARS ENDED AUGUST 31, 2007 AND 2006

AMOUNTS CURRENTLY PAYABLE TO OR  
FOR PARTICIPANTS, BENEFICIARIES AND  
DEPENDENTS:

	<u>2007</u>	<u>2006</u>
Balance, beginning of year	\$ 172,870	\$ 58,924
Claims reported and approved for payment	218,898	946,914
Claims paid	<u>(365,379)</u>	<u>(832,968)</u>
Balance, end of year	<u>\$ 26,389</u>	<u>\$ 172,870</u>

See accompanying notes to financial statements.

DISTRICT 6 HEALTH PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan

The following brief description of District 6 Health Plan ("The Plan") provides only general information. Participants should refer to The Plan agreement for more complete information.

General

The Plan is a multiemployer welfare benefit Plan, established under the provisions of an Agreement and Declaration of Trust between District 6 Health Plan, and the various employers having collective bargaining agreements with the District 6 International Union of Industrial Service, Transport and Health Employees (IUISTHE) ("The Union"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Benefits

The Fund provides hospital, medical, dental, vision and prescription drug benefits for eligible participants and their covered dependents. The Plan also provides a continuation of health benefits coverage under the Consolidated Omnibus Budget and Reconciliation Act (COBRA) to participants and dependents upon loss of eligibility under The Plan.

Contributions

Contribution rates have been established under collective bargaining agreements entered into between The Union and the various participating employers.

Note 2 - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by The Plan:

Change in Accounting

The Plan has adopted the provisions of the American Institute of Certified Public Accountants (AICPA), Statement of Position (SOP), 92-6 "Accounting and Reporting by Health and Welfare Benefit Plans" as amended by SOP 01-2. The SOP establishes accounting standards for the presentation of benefit obligations in the financial statements of health and welfare benefit plans.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, IBNR, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

DISTRICT 6 HEALTH PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Concentration of Credit Risk

All of The Plan's cash is held in one financial institution. Cash accounts at banks are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$100,000. Amounts in excess of insured limits were approximately \$0 and \$694,000 at August 31, 2007 and 2006, respectively.

Property and Equipment

Property and equipment is stated at cost. The costs of additions and betterments are capitalized and expenditures for repairs and maintenance are expensed when incurred. When items of property and equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is included in additions to or deductions from net assets.

Depreciation of property and equipment is provided utilizing the straight-line method over the estimated useful lives of the respective assets as follows:

Computer equipment 5 years

Note 3 - Property and Equipment

Property and equipment is summarized as follows:

	<u>2007</u>	<u>2006</u>
Computer equipment	\$ 5,473	\$ 5,473
Less: Accumulated depreciation	<u>5,473</u>	<u>5,473</u>
	<u>\$ 0</u>	<u>\$ 0</u>

Depreciation expense related to property and equipment amounted to \$0 and \$547 for the years ended August 31, 2007 and 2006, respectively.

Note 4 - Tax Status

The trust established under The Plan to hold The Plan's assets is qualified pursuant to Section 501(c)9 of the Internal Revenue Code as a tax exempt organization.

DISTRICT 6 HEALTH PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 5 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2007</u>
Net assets available for benefits per the financial statements	\$ 1,338,234
Benefit obligations currently payable	<u>(26,389)</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,311,845</u>

The following is a reconciliation of benefits paid on behalf of participants per the financial statements to the Form 5500:

	<u>2007</u>
Benefits paid	\$ 365,379
Add: Amounts currently payable at end of year	26,389
Less: Amounts currently payable at beginning of year	<u>(172,870)</u>
Benefits paid on behalf of participants per the Form 5500	<u>\$ 218,898</u>

Amounts currently payable on behalf of participants, dependents and beneficiaries are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to August 31, but not yet paid as of that date.

SUPPLEMENTARY INFORMATION

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INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To The Board of Trustees  
District 6 Health Plan  
New York, New York

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules on pages 13 and 14 are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The supplemental schedules on pages 11 and 12 are presented for additional analysis and are not a required part of the basic financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of The Plan's management. The scope of our work was not sufficient to enable us to express an opinion on the audit of the basic financial statements, and accordingly, we express no opinion on the supplemental schedules.

*Armao, Costa & Ricciardi*

ARMAO, COSTA & RICCIARDI, CPAs, P.C.

Valley Stream, New York  
December 12, 2007

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DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
EIN 13-3449870  
PLAN NUMBER 501  
FORM 5500, SCHEDULE H, ITEM 4i  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
AUGUST 31, 2007

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	<b>Closed End Funds</b>			
	DIAMONDS TRUST SER 1	Equity portfolio 90shrs	\$ 10,456	\$ 12,006
	ISHARES RUSSELL 2000 INDEX FD	Equity portfolio 80shrs	6,149	6,299
	STANDARD & POORS MIDCAP 400	Equity portfolio 90shrs	13,449	14,135
	UTS SPDR TRUST SER 1	Equity portfolio 820shrs	108,779	121,024
			138,833	153,464
	<b>Government Securities</b>			
	US TREASURY NOTE	06/15/09 4.000%	\$ 9,745	\$ 9,963
	US TREASURY NOTE	04/15/10 4.000%	130,825	134,388
	US TREASURY NOTE	08/15/10 4.125%	14,469	14,980
	US TREASURY NOTE	10/15/10 4.250%	104,084	105,222
	US TREASURY NOTE	11/15/10 4.500%	34,677	35,331
	US TREASURY NOTE	01/15/11 4.250%	9,977	10,019
	US TREASURY NOTE	04/30/11 4.875%	4,989	5,111
	US TREASURY NOTE	07/31/11 4.875%	59,909	61,378
	US TREASURY NOTE	06/30/12 4.875%	25,016	25,660
	US TREASURY NOTE	08/15/12 4.375%	24,271	25,184
	US TREASURY NOTE	11/15/12 4.000%	14,819	14,816
	US TREASURY NOTE	05/15/14 4.750%	14,907	15,340
	US TREASURY NOTE	08/15/14 4.250%	34,122	34,729
	US TREASURY NOTE	05/15/15 4.125%	9,587	9,788
	US TREASURY NOTE	11/15/15 4.500%	63,541	65,066
	US TREASURY NOTE	02/15/16 4.500%	4,781	5,002
	US TREASURY NOTE	08/15/16 4.875%	5,040	5,125
	US TREASURY NOTE	02/15/09 4.500%	24,698	25,098
	US TREASURY NOTE	06/15/09 4.000%	43,808	44,835
	US TREASURY NOTE	03/15/10 4.000%	43,497	44,800
	US TREASURY NOTE	04/15/10 4.000%	24,201	24,887
	US TREASURY NOTE	08/15/10 4.125%	33,848	34,953
	US TREASURY NOTE	10/15/10 4.250%	89,082	90,190
			823,893	841,865
	Subtotal carried forward		\$ 962,726	\$ 995,329

DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
EIN 13-3449870  
PLAN NUMBER 501  
FORM 5500, SCHEDULE H, ITEM 4i  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
AUGUST 31, 2007

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Subtotal brought forward		\$ 962,726	\$ 995,329
	<b>Government Securities (Cont'd.)</b>			
	US TREASURY NOTE	12/15/10 4.375%	24,344	25,139
	US TREASURY NOTE	04/30/11 4.875%	49,765	51,110
	US TREASURY NOTE	07/31/11 4.875%	9,966	10,230
	US TREASURY NOTE	08/15/11 5.000%	24,995	25,738
	US TREASURY NOTE	02/15/12 4.875%	34,725	35,946
	US TREASURY NOTE	08/15/12 4.375%	33,985	35,257
	US TREASURY NOTE	02/15/14 4.000%	13,979	14,714
	US TREASURY NOTE	08/15/14 4.250%	28,458	29,768
	US TREASURY NOTE	08/15/15 4.250%	14,067	14,776
	US TREASURY NOTE	11/15/15 4.500%	39,087	40,041
	US TREASURY NOTE	02/15/16 4.500%	4,791	5,001
			278,162	287,720
			\$ 1,240,888	\$ 1,283,049

DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
SCHEDULES OF ADMINISTRATIVE EXPENSES  
FOR THE YEARS ENDED AUGUST 31, 2007 AND 2006

	<u>2007</u>	<u>2006</u>
ADMINISTRATIVE FEES	\$ 43,669	\$ 10,237
BANK CHARGES	101	149
DEPRECIATION EXPENSE	0	547
DUES AND SUBSCRIPTIONS	0	600
INSURANCE	4,703	15,864
INVESTMENT FEES	10,670	2,883
DEPARTMENT OF LABOR LATE FILING FEE	4,000	0
OFFICE EXPENSE	273	235
PROFESSIONAL FEES	<u>314,085</u>	<u>206,016</u>
	<u>\$ 377,501</u>	<u>\$ 236,531</u>